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TECHNICAL COOPERATION: NATIONAL HOUSEHOLD SURVEY CAPABILITY PROGRAMME (NHSCP)

SOCIAL DIMENSIONS OF ADJUSTMENT (SDA) PROGRAMME AND THE LIVING STANDARDS MEASUREMENT STUDY (LSMS)

Joint report of the Secretary-General and the World Bank

SUMMARY

This paper updates the information contained in documents E/CN.3/1991/26 and E/CN.3/1991/27 presented to the twenty-sixth session of the Commission by the Secretary-General and the World Bank respectively. The report reviews progress in the implementation of the National Household Survey Capability Programme (NHSCP), the Living Standards Measurement Study (LSMS) and the Social Dimensions of Adjustment Programme (SDA).

The review of NHSCP in Section II (paras. 5-28) presents progress in country participation during 1991-1992 (paras. 5-10), an account of activities in the technical cooperation field including technical support services for country projects (paras 11-12), a discussion of interregional, regional, subregional and national workshops and seminars (paras. 13-20), the highlights of the review of the NHSCP from 1979 till now (paras. 21-27) and suggestions arising out of this review for the future of the programme (para. 28).

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The review of LSMS in Section III (paras. 29-37) and SDA in Section IV (paras. 38-53) highlights implementation as well as methodological issues pertaining to these two programmes. It underlines the measures being taken by the two programmes to build up and strengthen national capabilities to collect, process and analyse statistical information.

The paper also underlines the measures taken by the three programmes to strengthen coordination, both at the international as well as at the country levels (paras. 54-59).

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I. INTRODUCTION

1. At its fourteenth session, the Working Group on International Statistical Programmes and Coordination requested the Statistical Division of the United Nations Secretariat and the World Bank to prepare jointly two reports for the twenty-seventh session of the Statistical Commission. This paper is the first of the two reports requested and is for information purposes only. It updates the information contained in two documents (E/CN.3/1991/26 and E/CN.3/1991/27) presented to the twenty-sixth session.

2. The NHSCP was established in 1979 with the objective of assisting countries in the region to collect, process, analyse and disseminate household survey data to various users. At the same time, it was also intended that national capability building should remain a primary and continuing objective of the Programme.

3. The LSMS programme was initiated in 1980 as an effort to capture the many dimensions of living conditions using integrated, multi-topic, household surveys. At its inception, the LSMS had a strong experimental and research orientation. Much of the then innovative work has become standard practice in a number of developing countries.

4. The LSMS also strongly influenced the design and development of the Social Dimensions of Adjustment (SDA) programme which was launched in July 1987 by the UNDP Regional Programme for Africa, the African Development Bank, and the World Bank in collaboration with other multilateral and bilateral agencies. The programme objective was to strengthen the capacity of Governments in the sub-Saharan African region to integrate social dimensions in the design of their structural adjustment programmes. The programme was made up of several components, namely, strengthening national planning capabilities, improving the design of social policies and projects, and building appropriate information bases.

II. NATIONAL HOUSEHOLD SURVEY CAPABILITY PROGRAMME

Progress in country participation

5. By the end of 1992, 50 countries were participating in NHSCP. These countries are listed below by year of entry into the Programme and region (of the world):

Year	Africa	West Asia	Asia and the Pacific	Latin America and the Caribbean
1980	Kenya		Sri Lanka	Nicaragua
1981	Ethiopia Malawi	Yemen	Thailand	
1982	Cameroon Mali	Jordan		
1983	Benin Botswana Lesotho Morocco Zambia Zimbabwe	Bahrain	Mongolia	Peru
1984		Syrian Arab Republic	Samoa	
1985			Bangladesh Pakistan	
1986				Guatemala Costa Rica Honduras
1987	Ghana Sierra Leone			
1988	Sudan			
1989	Mauritania Nigeria Swaziland			Cuba Panama
1990	Algeria Angola Mozambique Niger Rwanda Tanzania		Fiji	Bolivia Ecuador Jamaica
1991	-			
1992	Burkina Faso Guinea Seychelles			Guyana Cayman Islands

The above list excludes Cyprus which is classified under Europe and joined the Programme in 1983.

Thus the regional distribution of NHSCP countries up to now is: Africa (26), Europe (1), West Asia (4), Asia and the Pacific (7) and Latin America and the Caribbean (12). As stated in the last progress report submitted to this Commission at its twenty-sixth session (E/CN.3/1991/26), twelve of the participating countries (Bahrain, Botswana, Cameroon, Cyprus, Ethiopia, Jordan, Kenya, Malawi, Peru, Syrian Arab Republic, Thailand, Zimbabwe) had been transferred to the maintenance phase of the Programme.

6. Five new countries (Burkina Faso, Cayman Islands, Guinea, Guyana and Seychelles) joined the Programme during 1991-1992. The Guyana Survey Programme is currently being conducted within a UNDP funded project which aims at assisting the Guyana Government in establishing an integrated statistical system to produce the statistical data required for planning, management and monitoring its economic recovery and development. In its first phase, family income and expenditure with special modules, labour force and employment, women and rural population will be covered. Seychelles will continue with a programme of income and expenditure as well as labour force surveys. Cayman Islands had scheduled a household income and expenditure survey in 1992 and an annual population and labour force survey. Guinea conducted a demographic and health survey in 1992 while Burkina Faso had planned a demographic survey for 1992.

7. Meanwhile, the Comoros, the Congo, Romania and Tunisia are also ready to join. Djibouti and Cape Verde have over the years received substantial technical backstopping from ECA but no formal application to join NHSCP has ever been received. The Philippines has also received technical support services from the Central Coordinating Unit (CCU). Albania has expressed interest in the Programme.

8. It should be noted that the small number of countries that joined since February 1991 is due to NHSCPs Central Coordinating Unit's (CCU) strategy of consolidating work in the countries already covered rather than increasing the number of countries under NHSCP without being able to provide adequate support services. There are still a number of countries with Government approved programmes but without firm financial commitments. These include Afghanistan, Argentina, the Dominican Republic, Egypt, Oman, Senegal and the United Arab Emirates.

9. At its twenty-sixth session, the Commission was informed of two possible subregional programmes: one for the Caribbean and the other for the South Pacific. Although a project for the Caribbean was prepared and approved by the Standing Committee of Caribbean Statisticians, no funding has been found and so it has not taken off. The second project for the South Pacific has not yet been formulated. The Eighth South Pacific Commission (SPC) Regional Conference of Statisticians in February 1991 examined the feasibility of carrying out this subregional project and recommended that the SPC investigate the development of a regional approach to establish a resource base that would be available to assist countries in the development and conduct of household surveys. The required resource base has not been established. However, two of the member States of the Commission (Fiji and Samoa) have already joined NHSCP.

10. The new country survey programmes continue to illustrate the great diversity in the subject mix of surveys, from demography to income and expenditure.

Technical cooperation

11. The NHSCP was envisaged as a major technical cooperation project in the statistical field. The CCU and the regional commissions during 1991-1992 continued to provide assistance in project reformulation/formulation, project review, technical support services, monitoring and evaluation and in the organization and conduct of workshops. In 1991, 86 such missions were undertaken. The final figure for 1992 is expected to be about the same. Almost all the 50 countries in the Programme received assistance during the period under review.

12. External contributions to the cost of surveys in NHSCP participating countries for the period under review was about $8 million. The principal donors were the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the United States Agency for International Development (USAID). UNDP assisted a number of countries including Guyana, Mali, Nicaragua, Niger, Pakistan and Sierra Leone while UNFPA mainly assisted Guinea and Burkina Faso. USAID made a significant financial contribution to the survey programme in Pakistan. From October 1979 to December 1992 about $50 million had been contributed from external sources to survey programmes in the 50 countries participating in the NHSCP.

Training, workshops and seminars

13. NHSCP continued to emphasize formal and informal training as part of its main activities. The NHSCP Training Programme in New Delhi was wound up in December 1990 after 208 persons had been trained. These comprised 91 in sampling and survey methodology, 95 in data processing and 22 as trainers (10 in sampling and survey methodology and 12 in data processing). In place of a terminal report, the CCU of NHSCP was requested to make an assessment of the NHSCP training project in New Delhi.

14. The consultant who undertook the task reached the conclusion that in general the project had met its objectives. Although initially the courses were meant for senior and middle level professionals, in practice only middle level professionals participated. He found the training given by the New Delhi Centre cost-effective and a good illustration of technical cooperation among developing countries (TCDC). He recommended that the courses should be taken over by the Statistical Institute for Asia and the Pacific (SIAP) but that if SIAP was unable to do so steps should be taken to continue the arrangements with the Government of India with regard to the New Delhi Centre. SIAP has not been able to take over the courses previously run at the New Delhi Centre and thus it would be appropriate for negotiations to be entered into with the Government of India and donors to continue the training in New Delhi.

15. Various workshops were also convened during the period under review. In the United Nations Economic Commission for Latin America and the Caribbean (ECLAC) Region, two workshops were convened in Caracas, Venezuela in May and San José, Costa Rica in June 1991 on the development and application of sampling frames and sample designs for integrated household survey programmes in Latin America. Topics covered included sample frame construction, sampling units, Primary Sampling Unit (PSU) information, stratification, frame sources and characteristics, frame maintenance and problems, general sample design issues, multi-stage and multi-round sampling, field issues and computer applications. There were 57 participants from 20 countries, excluding observers and consultants. The participants found the workshops useful.

16. The CCU in collaboration with the League of Arab States convened a second meeting of the PAPCHILD Expert Working Group on data analysis in New York, 19-20 February 1991. The meeting discussed the framework for data analysis and the country principal report in respect of the PAPCHILD maternal and child health (MCH) survey. The final version of the publication Guidelines for Data Analysis and Principal Report 1/ was issued after that meeting. In May 1992, the CCU again in collaboration with the League of Arab States and with the financial support of UNFPA convened a three-day technical meeting in Cairo for users and producers of MCH information for policy formulation and programming. The meeting discussed methods and strategies for programmes and policies in the region with respect to MCH and to the establishment of health information systems. It concluded that developing a dynamic information system would provide the data needed for setting priorities, managing services, monitoring programmes and assessing their impact.

17. The CCU in collaboration with the United Nations Economic and Social Commission for West Asia (ESCWA) convened in Cairo a regional workshop for senior statisticians on guidelines on household surveys on health, assessing nutritional status of young children, literacy, energy consumption and statistics on women. The workshop which was held from 10-23 December 1992 - used inter alia six technical studies of the NHSCP as background documentation. These are Guidelines for Household Surveys on Health (draft), Assessing the Nutritional Status of Young Children through Household Surveys, 2/ How to Weigh and Measure Children, 3/ Measuring Literacy Through Household Surveys, 4/ Household Energy Consumption Surveys in Developing Countries 5/and Improving Statistics and Indicators of Women Using Household Surveys. 6/ With the exception of the third and last publications which are available in Arabic and the second which is to be issued in Arabic shortly, none of the other remaining publications are available in Arabic. As the preferred language of ESCWA is Arabic, it would help if funds could be made available for translation of the remaining studies.

18. The United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) organized a seminar at Bangkok (20-24 May 1991) on the use of multi-round surveys for estimating vital rates.

19. A Southern African Regional Workshop on Household Surveys was also convened in Mbabane, Swaziland, 16-18 December 1992.

20. The NHSCP laid emphasis on producer-user interactions. At the national level, a number of producer-user seminars on use of household survey data were held. A few examples are given below. Bangladesh, Sierra Leone and Zambia held such seminars or workshops. They were devoted to a discussion of the uses of survey data and in all three cases users prepared papers illustrating either the actual or potential uses of the data from their own working experience.

Review of NHSCP 1979-1992

21. At the request of the United Nations Development Programme (UNDP), a review of NHSCP was undertaken by a consultant appointed by the Statistical Division. A copy of the review is available on request from the Director of the Statistical Division. The consultant reviewed the history of NHSCP, referring to a number of international meetings which preceded NHSCP and which had discussed many of the issues that the Programme had to deal with. In particular, these discussions had focused on core questionnaires, permanent vs temporary enumerators, topics to be covered in household surveys, alternative methods of data collection, integration of statistical data and the building of durable statistical infrastructures.

22. In the review, the main conclusions and recommendations of an interim evaluation team that was appointed in 1986 by the UNDP are recalled and the response of the CCU to them are examined. The interim evaluation team had recommended, inter alia, that the completion of existing approved programmes should receive priority, the CCU and household survey units of regional commissions should be restored to full strength, and there should be continued and expanded multilateral and bilateral support for national household surveys. It also recommended that the CCU should produce "how-to-do-it" manuals in place of its more formal technical and methodological studies. The Programme Review Committee (PRC) of NHSCP accepted most of the recommendations of the interim evaluation team. For example, the technical studies are now being prepared as manuals.

23. The review also covered the period 1986-1992. The report examined the implementation of the survey programmes in 50 countries in the Programme including 26 which joined after 1985. It also examined reports of evaluation missions undertaken mainly by independent experts to Bangladesh, Botswana, Guatemala, Lesotho, Mali, Morocco, Pakistan, Zambia and Zimbabwe. Problems encountered by countries in implementing their survey programmes include a lack of strong commitment to statistics by Governments, inadequate donor support, failure to present results of surveys in an attractive way, lack of coordination in some countries between different producers of survey data, timeliness, quality of results, delays due to data-processing bottlenecks and unsatisfactory dissemination of survey findings.

24. The review also discussed the technical studies undertaken so far. Sixteen publications had been issued, though not all were prepared by the CCU. Four new publications are in their final draft form and are expected to be published shortly. They are: Guidelines for Household Surveys on Health;

Sampling Errors in National Household Surveys; Sampling Rare and Elusive Populations; and Guidelines for Preparation of Survey Reports and Dissemination of Data.

25. A number of examples of technical cooperation among developing countries in the context of NHSCP was also cited in the review. These included experts from Morocco to Cape Verde, Tunisia to Algeria and Tunisia to Morocco. Funds were made available for these experts to undertake their missions. In the case of Niger and Mali, the Director of the Niger household survey programme and one other senior professional visited Mali in August 1992 to learn of Mali's experiences in undertaking their surveys. Mali had then entered the third phase of the implementation of their household survey programme while Niger was only at the first phase. The visit of the experts from Niger was useful in helping them to learn from their Malian counterparts the type of mechanisms that they had put in place such as the user-producer committee and how they had functioned, problems encountered in survey organization and how they had been overcome, etc.

26. The consultant also reviewed the place of NHSCP in the context of other global programmes of data collection using the household as the unit of inquiry. The programmes discussed were the World Fertility Survey (WFS), the Contraceptive Prevalence Survey (CPS), the Demographic and Health Survey (DHS), the Pan-Arab Programme for Child Development (PAPCHILD), the SDA and the LSMS. He concluded that while relations between NHSCP on one hand and WFS, DHS and PAPCHILD on the other, were very close and cordial with their programmes coordinated, no such collaboration existed with CPS. With LSMS and SDA, after an initial period of competition and mistrust, the Statistical Division and the World Bank have now reached a stage where they are collaborating closely at the global and national levels. There have recently been good examples of collaboration at the country level in Bolivia, Burkina Faso, Mali, Niger and Pakistan.

27. In assessing the overall achievements of NHSCP, the consultant listed completion of a large number of national surveys, the promotion of integrated household surveys programmes, the delivery of technical support services, the coordination between users and producers of household survey data as among its accomplishments. In other areas, like quality control, data processing, presentation, analysis and dissemination, although some progress had been made, there was scope for considerable improvement.

28. The consultant recommended that the functions now carried out by the CCU, the regional commissions and the specialized agencies under NHSCP should be continued in one form or another. He also examined three funding possibilities. The first possibility is based on firm or almost firm commitments already made in respect of the CCU and the regional commissions for 1992-93. The second is based on the first possibility together with specific formal arrangements being made with other agencies to call on their field teams to assist in areas within their mandates. The third possibility is a much more complex one. It assumes a realistic assessment of country needs in the household survey field and their implications for the staffing

strengths of the CCU, the regional commissions and the specialized agencies. It will then be necessary for the necessary resources to be mobilized by the United Nations. In his recommendation, the consultant proposed that in the immediate future the approach implied in the second possibility will be the best but at the same time, steps should be taken to initiate the actions described under the third possibility to ensure the long-term prospects for the Programme.

III. LIVING STANDARDS MEASUREMENT STUDY PROGRAMME

Activities since 1991

29. The LSMS experience continues to be highly productive. The data collected have proved to be of high quality and have become available within months of the completion of field operations. LSMS is well suited to generating data for both policy and research purposes on a variety of topics such as: the willingness of households to pay for education and health care and the distributional impact of increased user fees; the determinants of school attainment, of academic achievement (measured by test scores), of malnutrition, and of household savings behaviour; and more general work on poverty levels, inequality and characteristics of the poor. The extensive methodological work undertaken along with the analysis of the data are reported in the LSMS Working Papers. LSMS is recognized, both within and outside the Bank, as an effective instrument for policy analysis and programme design. The survey and data-processing strategies embodied in the LSMS programme are both cost-effective and appropriate to the conditions in countries in different regions of the world. The demand for LSMS-type surveys is increasing.

30. As seen in table 1, nine LSMS surveys have been completed, data collection is currently under way in two countries, and there are plans to begin LSMS surveys in several more countries. More recent LSMS surveys have been developed with more flexible administrative structures relative to the first surveys. LSMS projects in Pakistan and in Jamaica are good examples of these developments.

Table 1. LSMS surveys

I. Data now available	Country	Years of data collection
	Côte d'Ivoire*	1985, 1986, 1987, 1988
	Peru	1985-86, 1990, 1991
	Ghana*	1987-88, 1988-89
	Mauritania*	1988
	Bolivia	1988, 1989, 1990, 1991
	Jamaica	1988, 1989, 1990, 1991
	Venezuela	1991
	Morocco**	1991-92
	Pakistan	1991-92
II. Surveys implemented and data to be available in 1993	Country	Date in field
	Viet Nam	October 1992
	Nicaragua	November 1992
III. Future surveys (discussions in planning stage)	Costa Rica, Ecuador, Guatemala, Honduras, Laos, Nepal, Bangladesh, China	

* After the implementation of the initial LSMS survey, this country joined the SDA programme.

** Only part of the data are being analysed by the World Bank. The full data set is being analysed by the Moroccan Government.

31. The Pakistan Integrated Household Survey (PIHS), which was implemented by the Federal Bureau of Statistics, covers 4,800 households throughout Pakistan. The survey has a fully independent administrative structure, and is designed to complement the ongoing income/expenditure and labour force surveys, which are executed annually by the Federal Bureau of Statistics. Including initial analyses, the survey will cost approximately US$ 1 million, and is funded jointly by UNDP and USAID. It has been coordinated closely with the NHSCP in Pakistan, which focussed on improving the coverage and organization of the existing system of household surveys. A particularly innovative aspect of the PIHS was the use of female interviewers to collect information directly from female household members (as opposed to getting such information from the husbands or fathers of those women); preliminary analysis of the data indicate that previous data-collection efforts in Pakistan greatly underestimated the contribution of women to household living standards.

32. The Jamaica Survey of Living Conditions, implemented by the Statistical Institute of Jamaica, has been combined with quarterly rounds of the annual Labour Force Survey and typically covers a subset of 2,000 households. There is no independent administrative structure and no separate teams of interviewers. Only selected modules are included in the survey - core

demographic and expenditure modules, health, education, child nutrition, housing and infrastructure, and family planning. Because of the modest size of the questionnaire and as a result of coordination with ongoing surveys, the overall cost of the two-year project is only US$ 50,000. The survey was financed from the monitoring component of a World Bank structural adjustment loan. Each time the survey is implemented, one topic is emphasized so that very detailed data are collected on that topic. Recent areas of emphasis have been health (1989), education (1990), housing (1991) and poverty (1992).

33. The applicability of the LSMS approach-use of integrated multi-topic questionnaires, PC-based field-data entry systems, the use of data in an analytic and policy-oriented manner - in a variety of country situations with differing statistical capacities has demonstrated the flexibility of the programme in meeting national needs.

LSMS modification in the light of experience

34. Drawing upon the experience gained to date, the LSMS programme is now oriented towards meeting several goals: (a) promoting the LSMS approach in additional countries while ensuring that the programme objectives remain fully in line with national statistical priorities; (b) using the data generated in World Bank sector work and lending operations, particularly in the area of poverty alleviation; (c) strengthening national analytical capabilities by doing initial data analyses in the countries conducting the surveys; and (d) analysing the impact of specific government programmes by means of sophisticated data-collection and analysis strategies.

35. LSMS is increasingly working within existing national survey structures and focusing on modification of the overall national survey programmes to suit the particular needs of the country. For instance, in Morocco, because of the priority given by the government to improving adult literacy, expanded literacy and educational modules were added to the survey. In addition, the community questionnaire has been expanded to capture information on health and education facilities. At the request of the government, the survey included a full-fledged household consumption module, instead of the standard simplified household expenditure section in the basic LSMS questionnaire. In Pakistan the energy module was expanded to collect additional data to support an ongoing USAID-funded research project on the energy sector in Pakistan.

36. The LSMS approach has also been used as a tool for programme evaluation and monitoring. In Bolivia, LSMS-generated data has been used to evaluate the impact of the Emergency Social Fund (ESF). The evaluation results were taken into account in the design of follow-up projects funded under the ESF program. The Government of Jamaica, in collaboration with the Bank, used the results from the survey to prepare a report analysing Jamaica's food stamp programme and the assessment of the Human Resources Development Programme. Work is currently being done to better understand the impact of the Jamaican Safe Motherhood Initiative.

37. The Poverty Analysis and Policy Division in the World Bank has been

responsible for implementing, improving and analysing LSMS surveys. A major evaluation of the strengths and weaknesses of LSMS surveys, known informally as LSMS Phase III, has recently begun. This evaluation will focus on three areas: 1. How can the survey instruments and methodology be improved?; 2. How can the data generated be used more effectively to analyse the impact of government policies and programmes?; and 3. How can the World Bank help build more national capacity so that the number of countries conducting LSMS surveys can be increased?

IV. THE SOCIAL DIMENSIONS OF ADJUSTMENT PROGRAMME

Structure

38. The Commission will recall that the SDA included both a regional component and a country-level component. The regional component, based in Washington DC, was responsible for coordination, methodological research, project preparation and follow-up. The country-level activities consist of the country programmes themselves. Since the last report was made to the Statistical Commission, there has been evolution in both the regional and country-level programmes and changes in the organization of the programme. One main development has been the mainstreaming of the SDA within the World Bank. This was achieved through the creation of a new technical division, dealing exclusively with Social Policy and Poverty (AFTSP), within the Africa region. This division brought together the SDA, Food Security, and Women in Development, as the first regional division in the Bank to be working exclusively on poverty, and marked an important commitment by the Bank to tackling issues of social policy. In the area of statistics and information systems, the new division progressively built its resources and capabilities to provide ongoing support to participating SDA countries. It now contains the Bank's largest repository of statistical expertise in the Africa Region.

Regional level activities

39. Methodological work: During the earlier part of the programme, the SDA was heavily engaged in methodological development. The broad conceptual framework for the SDA was presented in a publication entitled Making Adjustment Work for the Poor. 7/ This provided the necessary economic rationale for the SDA, the empirical framework that countries need to develop, and a review of the major policy issues to be considered. A second document is a set of Analysis Plans 8/ designed to assist policy-makers, planners and analysts in studying the effects of adjustment on welfare. A third document provided guidelines on how to design and conduct a light survey for identifying potentially vulnerable population groups and for monitoring the evolution of social indicators within these groups. This survey has been given the generic name of the SDA Priority Survey (PS). 9/ A fourth document describes the SDA Integrated Survey 10/ which is closely modelled on the LSMS and which provides more information for analysing the linkages between macro-economic policies and social consequences at the household level. These documents have provided the methodological underpinning for the country SDA

programmes. They are not, however, intended to provide blueprint models that countries should be expected to apply in every detail. One interesting feature of the programme has been the diverse ways in which countries have designed and implemented their own SDA projects.

40. Although the focus of this document is on the statistical component of the SDA, it is worth highlighting the increasing emphasis on the need for qualitative data to complement the more traditional statistical surveys. Another document to be produced will be a set of guidelines for conducting Beneficiary Assessment using methodologies developed and used more usually by sociologists. The idea behind such assessments is to use case studies, in-depth community studies and participatory observation techniques to gain a deeper understanding of how the poor feel about the constraints that affect them and how they set about coping with them.

41. As far as future methodological work is concerned, the main emphasis is now on promoting methodological testing at the country level. It is intended that, as far as possible, ideas for methodological research should come from the countries themselves; however the following issues are also being proposed for consideration: the use of normative versus actual answers for collecting income and expenditure data, the use of different recall periods, the use of diaries for expenditure surveys. There is also an awareness of the need for more work to be done in developing socio-economic databases and advising on the setting up of systems that allow for easy updating and access to the data as well as for easy maintenance. Software for survey data processing is another important issue and, although the SDA would not be directly involved in the development of such software, it will establish and maintain contacts with those institutions that are.

42. Analytical work: The analytical challenge for the SDA is to establish the linkages between macro-economic policy, and welfare at the household level. Essentially, the bulk of the analysis is to be carried out at country level by national planners and policy-makers. There is an important regional studies component which comes under the regional SDA. In addition to the reports and studies produced at the country level by national institutions, the main outlet has been the SDA Working Paper Series. This series aims to disseminate in a quick and informal way the results and findings from the Project to policy makers in the countries and the international academic community as well as the staff of international agencies and donors associated with the project. At the time of writing 11 papers have been produced in the series. These include national poverty profiles as well as sectoral studies based on the approaches advocated in the SDA Analysis Plans. Consequently, in addition to their intrinsic interest, they are also of value as models for national analysts to draw upon.

43. Institutional development and training: The SDA has been fully conscious of the sometimes competent needs of producing information for policy makers as rapidly as possible, and of building up a national and sustainable capacity to produce such information using local skills. It has consequently placed considerable emphasis on institutional development and training. Programmes

dealing with institutional development in the statistical area - data gathering, processing and analysis, poverty assessments and analysis - are under implementation in all the participating countries. The SDA training-related activities have been carried out through: (a) regional courses, (b) national courses and (c) workshops.

Country operations

44. Since its inception, 30 countries have received or requested assistance to establish national SDA programmes, and of these, 20 now have ongoing programmes. Progress in the implementation of the individual country programmes is shown in table 2. Of the 24 countries, fieldwork is complete or ongoing in 16. At 1 September 1992, 13 basic reports were being drafted or had already been disseminated. Seven of these were on LSMS/Integrated Surveys and 6 on Priority Surveys. Additional analysis was being carried out on 7.

Table 2. SDA Survey Programme in Africa

Progress report

Country	Survey type	Status
Burkina Faso	PS(93)	Project start-up
Burundi	PS(93)	Project appraised
Cameroon	PS(93)	Ongoing
Central African Republic	PS(93)	Ongoing
Chad	PS(91)	Complete
Cote d'Ivoire	LSMS(85)(86)(87)(88): PS(92)	PS ongoing
Gambia	PS(92)	Complete
Ghana	LSMS(89)(90): IS(92)	IS ongoing
Guinea	PS(92): IS(93)	IS under preparation
Guinea-Bissau	PS(92)	Complete
Kenya	PS(92)	Ongoing
Madagascar	IS(92)	Ongoing
Malawi	IES(91): PS(93)	PS under preparation
Mali	PS(93)	Under preparation
Mauritania	LSMS(89)(90): PS(92)	PS ongoing
Mozambique	IES(91)	Ongoing
Niger	IES	Under preparation
Rwanda	PS(92)	Under preparation
Senegal	PS(92): IS(93)	IS under preparation
Uganda	IS(92)	Ongoing
United Republic of Tanzania	PS	Under preparation
Zaire	PS(91)	Rural survey complete
Zambia	PS(92)(93)	Second survey under preparation
Zimbabwe	PS(93)	Under preparation

45. The SDA has been instrumental in raising funds for statistical activities. In the four-year period since the first countries started to participate, $55.5 million has been earmarked for supporting national statistical offices. Some of these funds have come from the World Bank, but a greater share has come from multilateral and bilateral donors. These funds have provided an important source of support to statistical offices, not just to implement specific surveys, but to build up their data-collection, processing and analytical capabilities as a whole.

46. In addition to the formal surveys, qualitative Beneficiary Assessment methods are also being initiated in certain countries. This marrying of quantitative and qualitative approaches to poverty assessment started this year in the Central African Republic, Zambia and Mali, and is planned in Madagascar.

Implementation issues

47. The following section highlights some of the more important issues to be faced in setting up and implementing poverty monitoring systems in Africa.

48. Adaptability of methods: The SDA survey methodology has to be kept flexible and the prototype surveys are intended to be capable of being adapted to meet specific country requirements. Countries implementing both the IS and the PS have been encouraged to include an extensive review process with national users and to make such adaptations as they see fit, without jeopardizing the overall survey objectives. Chad and Guinea-Bissau are examples of countries that have made few alterations to the basic PS questionnaire but have added expanded expenditure modules. Senegal and Côte d'Ivoire are examples of countries that have made extensive adaptations. Ghana has done the same for the IS, by expanding the expenditure section so as to be able to satisfy other national information needs.

49. But there are of course trade-offs. Countries that chose to implement an IS or a PS without making many changes have been better placed to take advantage of the "off-the-shelf" SDA questionnaires, systems designs and tabulation plans. They have been able to move ahead with the implementation of their surveys faster than other countries where more substantive changes to the prototype designs have been proposed. But they have had to accept the rigidities entailed in using the unmodified prototype system. The advantages and disadvantages of adhering strictly to the prototype designs have to be carefully weighed by each country.

50. In-country coordination: One of the most difficult but central objectives of the SDA has been to improve coordination at the country level. As part of the supervision process, the regional SDA staff have tried to follow up closely on three coordination issues. Firstly, coordination between users and suppliers. The most prevalent instrument for this has been the establishment of national user/producer committees. Secondly, coordination between the different suppliers of statistics - particularly between the national statistical offices and line ministries such as ministries of health

and education. Thirdly, coordination between donors and national agencies so as to ensure that national statistical offices are not subject to excessive and sometimes conflicting demands from the agencies that support them.

51. Data-processing issues: This remains difficult for nearly all countries and is the cause of some of the longest delays. While some countries, such as Chad and Ghana, have experienced delays in the acquisition of materials (hardware and software), the main problems are in the training and retention of suitably qualified persons to design and implement the systems. Few software companies are willing to provide the sort of support and backup services that are really needed. Africa suffers from this reluctance. Many of the best programmers who are sent overseas for training leave public service to take up more remunerative employment in the private sector when they return.

52. Data-processing issues will continue to dominate the problems faced by national statistical offices. In the long term, solutions will need to be sought through a collaborative effort by donors to build and deepen national capacities in this rapidly evolving capability.

53. Moving from a survey programme to a social monitoring system: The development and implementation of a household survey programme is not considered by SDA an end in itself but a means to an end, which is to assist countries to address social issues in the design and implementation of national economic reform programmes. It is essential that the survey data are used and fed quickly into the national planning and policymaking process. The effectiveness of the survey instruments must eventually be judged on this basis. The development of a welfare monitoring system, which is the basic objective of the SDA statistical programme, is more than the implementation of a programme of household surveys. Under the SDA, the objective is not just to strengthen national institutional capabilities to collect data, but also to analyse it and disseminate it. Increasing emphasis is being given to these "downstream" elements of the overall monitoring system. The Kenya Household Welfare Monitoring system, for instance, which is being supported by the SDA, entails the strengthening of a unit within the Ministry of Planning which will have as part of its functions, the maintenance of a socio-economic database and the production of an annual report on social trends.

V. COORDINATION WITH OTHER AGENCIES AND DONORS

54. Managers of NHSCP, SDA and the LSMS attach great importance to the need for coordination with other agencies and programmes providing support to national statistical offices. All three programmes continue to work within the existing country survey structures and in close cooperation with the national statistical offices. In addition SDA and LSMS maintain close contacts with the planning and sector ministries who are the eventual users of the survey data. During the initial stage of involvement in a country, all three programmes routinely establish links with the local UNDP offices and representatives of other major donors. In countries where NHSCP is

operational, a collaborative and coordinated programme between LSMS/SDA and NHSCP is put together. In the Latin America and the Caribbean Region, LSMS maintains contact with ECLAC. In Africa, similar linkages have been established between the SDA and ECA. Joint LSMS-NHSCP missions have been carried out in Jamaica and Bolivia, and SDA-NHSCP missions have worked in Niger, Mali and Malawi. UNDP funding support for the Viet Nam, Morocco and Pakistan LSMS surveys represents an example of further collaboration. USAID is involved in the LSMS work in Bolivia and Pakistan.

55. The LSMS dissemination effort has resulted in the sharing of the LSMS experience with a widening set of interested parties. The dissemination programme is largely mounted through the LSMS Working Paper Series, seminars for Bank staff, LSMS presentations to technical and senior staff in LSMS countries, presentations at international conferences, and the publication of POVERTY LINES - a newsletter highlighting the policy relevance of LSMS-related findings. LSMS Working Papers and POVERTY LINES are routinely mailed to all agencies and national statistical offices working with LSMS.

56. Under the SDA, there has been a consistent and conscientious effort to strengthen coordination with partners outside the Bank. The main coordinating body for the programme has been the SDA Steering Committee, composed of donors and technical agencies with an interest in the SDA. The Committee has provided the programme with broad guidelines and directions. To facilitate the work of the Steering Committee, two technical subcommittees were formed to deal with specific technical issues. These were the SDA Statistics Subcommittee and the SDA Regional Training Programme Subcommittee. Originally consisting only of donors and such technical agencies as the ECA and the specialized agencies, membership of these subcommittees was later expanded to include representatives from the participating SDA countries. These subcommittees monitored and evaluated the respective components of the SDA and ensured reduced duplication of efforts and coordination of technical activities.

57. At the beginning of 1992, the first phase of the SDA was completed and the original tripartite arrangement between the World Bank, the UNDP, and the Africa Development Bank was terminated. The occasion was used to replace the SDA Steering Committee by a multi-agency Poverty and Social Policy Advisory Committee. This meets twice a year. At the time of writing, the committee has agreed to support a Project Completion Report that will conduct a full review of the SDA and make proposals for future initiatives.

58. NHSCP has continued to coordinate its activities with other programmes such as the Demographic and Health Survey (DHS) and with the Pan-Arab Project for Child Development (PAPCHILD). Its project formulation/redesign missions have also established contacts at the country level with various users, including the Ministries of Planning, Health, Education, Agriculture, Labour and Social Welfare.

59. The Programme Review Committee (PRC) was the main body responsible until the end of 1991 for policy and programme guidance for NHSCP. It comprised

senior representatives of UNDP, UNICEF, UNFPA, World Bank and the United Nations.

VI. CONCLUSIONS

60. World Bank commitment to poverty monitoring will continue to be an important policy priority, but there is concern that national statistical services do not become overloaded in the process. There is a need in almost every country to support a process of prioritization of statistical activities and the use of scarce statistical resources, so as to meet the most critical national information needs.

61. Drawing on the groundwork of the LSMS and the SDA, the Bank will stress the need to pay greater attention to matching the supply of statistical information to demand. This suggests that assistance in improving statistical systems should shift emphasis to improving the use to which statistical information is put. The demand-driven statistical system encourages wide interaction between: data users and producer; between the different suppliers of statistics, and between donor agencies supporting statistical programmes. In the context of poverty monitoring, both the LSMS and the SDA have devoted increasing attention to building capabilities to collect and to analyse data so as to ensure that maximum benefit is derived from these household survey programmes.

62. The Commission at its twenty-sixth session in 1991 attached the highest priority to finding ways of continuing essential support for NHSCP. At its seventh session in 1992, the Joint Conference of African Planners, Statisticians and Demographers also endorsed the Programme and described the regional component, the African Household Survey Capability Programme, as one of the best in Africa. It affirmed that the Programme had assisted them in creating sustainable household survey programmes which satisfy their own priorities and requirements. The conference recommended that the Programme should be continued.

63. As monitoring the attainment of social goals has been given considerable importance in recent years, NHSCP's role in providing data for monitoring assumes greater prominence. It is essential that all survey programmes be effectively coordinated both at the global and national level to ensure obtaining data for monitoring in a very cost-effective way.

Notes

1/ League of Arab States. PAPCHILD: The Arab Maternal and Child Health Survey. Guidelines for Data Analysis and Principal Report, Cairo 1991.

2/ United Nations. Assessing the Nutritional Status of Young Children through Household Surveys. United Nations, New York 1990.

Notes (continued)

3/ United Nations. Assessing the Nutritional Status of Young Children through Household Surveys. How to Weigh and Measure Children. United Nations, New York 1986.

4/ United Nations. Measuring Literacy Through Household Surveys. United Nations, New York 1989.

5/ United Nations. Household Energy Consumption Surveys in Developing Countries. United Nations, New York 1992.

6/ United Nations. Improving Statistics and Indicators of Women. Using Household Surveys. United Nations, New York 1988.

7/ World Bank. Making Adjustment Work for the Poor. SDA Unit. Africa Region. Washington, D.C. 1990.

8/ World Bank. Analysis Plans for Understanding the Social Dimensions of Adjustment. SDA Unit, Africa Region, Washington, D.C. 1990.

9/ World Bank (Grootaert and Marchant). The Social Dimensions of Adjustment Priority Survey. An Instrument for the Rapid Identification and Monitoring of Policy Target Groups. SDA Working Paper No. 12, Washington, D.C. 1991.

10/ World Bank (Delaine et al.). The SDA Integrated Survey: A Survey to Measure Poverty and Understand the Effects of Policy Change on Households. SDA Unit Working Paper No. 14, Washington, D.C. 1991.